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EVALUATION OF EXPERIENCES OF ECA MEMBER STATES IN THE IMPLEMENTATION OF THE RECOMMENDATIONS OF THE KILIMANJARO PROGRAMME OF ACTION.

I. INTRODUCTION

1. The main population problems of the ECA member states are their rapid growth rates, the underlying high fertility and the uneven spatial distribution. These should be perceived against the background of the social and economic crisis of the region, charaterized by the worst economic situation in recent history with drought and abnormally low commodity prices, poor economic management and a benign neglect of rural development.

2. The second African Population Conference (Jan. 1984) reviewed the progress made by the ECA member states in the implementation of the recommendations of the World population plan of action (WPPA) adopted in Bucharest (1974) as well as at the Regional Consultation held in Lusaka (1975) and adopted the Kilimanjaro programme of Action (KPA) with a total of 84 recommendations addressed to the member states and covering nine broad areas including population and development (Rec. 1-16); fertility and family planning (Rec. 17-30); morbidity and mortality (ec. 31-39); urbanization and migration (Rec. 40-46); changing role of women in the development process (Rec. 47-58), children and youth (Rec. 59-65); population data collection, analysis, training and research (Rec. 66-77); population information (Rec. 78-81); and, community involvement (Rec. 82-84).

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3. A summary of these recommendations was presented to PSD.4 (1986). Additionally, the ECA Executive Secretary was called upon to ensure that the principles, objectives and recommendations of the KPA were incorporated in the work programme of the Secretariat. At PSD.5 (1988), it was reported that about 16 of these states had formulated explicit population policies within the framework of their development plans consistent with the KPA recommendations. In addition, at PSD. 5, 'Guidelines for integrating population variables in the development planning process' prepared by the ECA secretariat was presented (UNECA,1988); it highlighted four main activities for such integration at the macro level. The first activity relates to the definition of the conceptual framework for the integration process and involves a study of the population-development interrelationships using the national data. This step is crucial because the implications of the established relationships should constitute the basis of the demographic objectives to be included in the development plan. The policies and programmes of the development plan should then be designed in pursuance of such objectives. The data, research and socio-economic models required for this important step in the integration process were highlighted in the 'Guidelines'. The establishment of the institutional framework required to implement these activities constitutes the second set of activities involved in the integration process. A third set of activities relates to the training needed to provide the manpower to operationalize the integration process. The final set of activities relates to the dissemination of population information required and generated by the integration process.

4. The 'Guidelines' further stresed that for each planning cycle, each Sectoral Ministry should assess the main problems (in relation to population) that hinder the realization of its development objectives. As at the macro level, appropriate data, research and models should be used in this regard. An analysis of the implications of the population development interrelationship so determined, should form the basis of the demographic objectives to be pursued per sector in the course of a particular development plan. Sectoral policies and programmes should then be developed in pursuance of the sectoral objectives. In order to ensure that population variables are considered endogenously in the development process, a unit within the planning machinery should coordinate these sectoral problem areas, development objectives and policies/programmes. The country's comprehensive national population programme (CNPP) should derive from these macro and sectoral levels of activities. In effect, a CNPP should normally comprise component sectors each consisting of projects/activities grouped around a related sub-set of the population policy objectives, targets and strategies (Morah,1988). It is important to ensure that the CNPP derives from the input of specialists in other sectors; that linkages between the

different sector programmes are established; and ,that inconsistences between sector programmes are streamlined.

5. The CNPP thus provides a guide to the preparation of the regional programmes. The latter are particularly necessary for very diverse countries with substantial socio-economic regional disparities and with marked cultural differentials as well as a government desire to respond to the specific needs, peculiarities and stages of development per region. Invariably the component sectors of any CNPP are a function of the comprehensiveness of the population policy itself and the prevailing conventional wisdom which is to serve as 'modus operandi' in the formulation of the population policy. For instance, the member states that developed population policies following the WPPA (1974), KPA and International Conference on Population (ICP ,1984) modelled their policy objectives, targets and strategies around the recommendations of these milestones in population policy development. In particular, the CNPPs developed following the KPA have encompassed the nine main areas of the KPA.

6. As a preparatory work for this 6th session of the Joint Conference, the ECA Secretariat undertook missions to selected member states (Cameroun, Ghana, Swaziland, Uganda, Zambia) in order to derive their implementation of the KPA recommendations from observed experiences. The CNPPs of these 5 member states are being discussed in the present report using the 'Guidelines' and the KPA as analytical frameworks. Additionally, the evidence for all the 5 member states indicates that UNFPA has provided most of the funding for the various population related projects. In the course of monitoring their implementation, the fund has organized some review and/or 'ongoing'/ 'expost' evaluation of these projects. Where such information is available, the material will be used as well (United Nations, 1986).

7. Thus this paper has the dual objectives of (i) ascertaining the extent, if any, to which the five member states have implemented the KPA recommendations, within the general framework of the 'Guidelines' developed by UNECA (1988) for integrating population factors in the development planning process; and (ii) evolving some 'modus operandi' for guiding the member states in their future implementation of the KPA recommendations. In section II an overview of the perceptions and policies by the 26 ECA member states that responded to the UN sixth population inquiry (1987) as at 31st December,1988 is presented; the objective is to provide a general picture of the regional situation with respect to population policy development at least since PSD.5. In Sections III through VII , the CNPPs for the five member states visited are outlined based on information obtained during the mission to each of them. Section VIII synthesizes the overall presentation.

II. SUMMARY OVERVIEW OF THE REGIONAL SITUATION ON POPULATION POLICY

DEVELOPMENT BASED ON THE UN SIXTH POPULATION INQUIRY (INQ6)

- Population growth policies

8. At about the time of the Third World Population Conference in Bucharest (1974), many ECA member state governments considered their population size as rather small and expressed a desire for a larger population (UNECA,1974). Such an attitude could be explained by the desire for a larger labour force to develop their natural resources as well as to expand their domestic markets; by low population densities; and, by the then prevailing notion of international respect and prestige. Based on the outcome of INQ6 (1987), the attitude of ECA these states favouring a larger population size is reported to have changed and a much smaller population size seems to be currently preferred. Only five of the responding states (ie. Burundi,G. Bissau,Liberia, Mauritius and Uganda) or 20 per cent expressed satisfaction with their present population size. Of the 11 that were not satisfied,only one (ie Somalia) considered its population size as rather small while 10 (ie. Algeria, C. Verde, Comoros,Egypt, Ethiopia,Gambia,Kenya, S.Leone,Tunisia,and Zimbabwe) considered it as large. About 9 states (ie. B.Faso, Cameroun, Madagascar, Malawi, Mauritania, Senegal, Swaziland, U.R.Tanzania, and Zambia) had no official position. The responses to the question of government's view concerning their projected population by the year 2025 further testify to the trend in favour of a smaller population size. Furthermore, none of the respondents perceived its population growth rate as low; only two states perceived it as satisfactory; 5 had no official position; and, 18 (ie. 69 per cent) perceived it as rather high. In otherwords, the responses of these states at INQ6 reinforce an increasing perception of population growth as high. The shifting in the perception of population growth rates in the region as assessed between INQ5 (1982) and INQ6 (1987) is a reflection of the impact of the KPA.

9. An issue of concern is the gap between the level of these perceptions and the action taken by these states to formulate policies to influence their population growth rate. If a member state has evidence to the effect that its population growth rate is thwarting its development efforts, then it is only logical that it should take steps to deal with the population growth rate. But if the needed data, trained personnel and a workable methodology are not available,then the state's failure to formulate a policy may bear little relevance (if any) to its perception of the phenomenon. It is possible that the observed lag between the member states' perceptions of their population growth and their formulation of policies

as reflected by the outcome of INQ6 is indeed a reflection of these constraints. Among the states with a policy to lower existing rate of population growth are Algeria, Botswana, Burundi,Cape Verde,Comoros,Egypt,Gambia,Ghana, G.Bissau,Kenya,Liberia, Lesotho,Mauritius,Seychelles and Zambia. Some of these policies have been on-going for about two decades (eg Ghana) but their impact relative to the set objectives remains low.

- Fertility policies

10. Assessments of observed rates of population change and consequent policies to influence such rates have been largely focussed on their fertility components. Based on INQ6, only one state (Mauritius) perceived its fertility level as satisfactory; none perceived it as low; and, 21 perceived it as high. As for population growth, these results reflect the fact that following the adoption of the KPA in 1984, a much higher proportion of the member states perceived their fertility level as high. Regarding policies, about 34 states did not formulate policy to contain their fertility levels because they perceived the existing levels as satisfactory. Only three (Chad,Congo and Eq. Guinea) had a policy to raise their fertility levels. A total of 14 states are reported to have formulated a policy aimed at reducing their levels and only 3 (Burkina Faso, Mauritius and Morocco) had a policy to maintain the level.

11. One impediment to the effective design and execution of fertility policies in the ECA member states is the fact that their formulation and implementation have often taken place without adequate understanding of the socio-economic situation. The socio-economic milieu relevant to the design of effective fertility policy is the family or more specifically,women. Fertility policies should be targeted to women and should be based upon an understanding of the role of women both within the family and the larger framework of society. Of course the policies should also take men into account. There is also the lack of a sound information base. A third impediment is the short term interest of policy makers who want to obtain immediate results from policy interventions although demographic events take a long time to unfold. A fourth impediment arises when a population policy reflects the ideas of a politically elite or articulate group;there are bound to be gaps between individual desires and the pursuit of the collective good. A classic example of an ineffective fertility policy is Kenya despite at least two decades of implementing the set strategies.

- Spatial distribution policies

12. In the face of the ineffectiveness of most fertility policies in the region, population growth rates have remained at their high levels inspite of a few successful attempts to reduce them. These high rates of

population growth generate rural population surpl... that cannot be absorbed in rural areas, at least und... current conditions of agricultural technology and social organization. Consequently, migration rates have also been high particularly to the urban areas of these states wi... very low urbanization levels.

13. Based on INQ6, 17 states had adopted a poli... purporting to modify their population distribution. In ... per cent of such cases, the objective was to change the population distribution between rural and urban places; in 71 per cent of the cases, it was to achieve a bett... balance between population and local resources; and, in about 41 per cent of the cases, it was to change the population distribution between the regions. These responses do not seem to indicate a particular policy preference pertaining to popula tion distribution among the states. And yet, relative to population growth and fertility, the governments perceived population distribution as the most serious constraint of their development efforts. A pertinent question to raise here is why the biggest gap between perception and action is the case of population distribution. One possible explanation is that, unlike population growth and fertility, it is quite difficult for a government to take action purporting to move a population from where it has psychological and cultural attachment; another possible reason is property ownership.

14. Based on an earlier study (UNECA, 1983), policies designed to affect the movement of groups of people in the region include land colonization and settlement, farm resettlement, sedentarization of nomads and the establishment of new towns. Examples of land colonization are the Mwea and Machakos schemes in Kenya; the Mokwa and Shendam schemes in Nigeria; and, the Gezira scheme in the Sudan. A classic example of a settlement scheme is the Ujamaa village scheme in the U.R.Tanzania. Resettlement schemes have largely resulted from construction of large dams creating extensive man-made lakes such as the Aswan in Egypt, the Volta in Ghana, and the Kainji in Nigeria. Considerable numbers of nomads and semi-nomads are found in the Sudan, Somalia, Mauritania, the Niger, Chad, Mali, the U.R.Tanzania and Nigeria. Programmes of resettling them have been vigourously pursued in these states. Examples of new town policy include the port of Tema in Ghana, mining towns such as those in Zambia, Zaire and Mauritania, and new capitals such as Abuja in Nigeria. Available evidence indicates that the objectives of most of these policies have been largely unattained.

- Migration policies

15. In general, member states perceive both dimensions of international migration within their geographical boundaries as satisfactory. Accordingly, most of them have policies to maintain their existing levels

of both immigration and emigration. About 14 of the responding states (INQ6) had no official position on immigration and 17 in the case of emigration. Only two of these member states had a policy to contain their immigration level and 8 , in the case of emigration. Egypt and Tunisia had a policy to increase their emigration level; Burkina Faso,Cameroun, G.Bissau,Uganda and Zimbabwe had a policy to reduce their emigration level; and, Kenya,Liberia and Mauritius had a policy to maintain their emigration level. Overall, emigration is perceived as a more serious problem than immigration by these states. Accordingly,more of them also took action to contain their emigration level relative to immigration. One dimension of this emigration is the brain drain phenomenon. Eighteen states (Burundi, Cameroun, Comoros, Ethiopia, Egypt, Kenya, Liberia, Madagascar, Malawi, Morocco,G.Bissau,Sierra Leone, Somalia, Swaziland, U.R.Tanzania, Uganda, Zambia and Zimbabwe) indicate that the brain drain was a major concern to their governments. Of these, only Cameroun, Ethiopia, Kenya, Malawi, Morocco, Sierra Leone, Uganda and Zambia had taken steps to contain the problem.

III. THE CASE OF CAMEROUN

16. Prior to 1984, population activities in Cameroun embraced mostly data collection and analysis (the 1976 census; the 1978 fertility survey; the 1982 consumer survey; and,the 1987 census). Following the conduct of the 1976 census and the dissemination of its results, it became clear that demographic pressures constrained the government from meeting the growing needs of the population especially those of mothers and children; the level and patterns of rural exodus, urbanization, and rural unemployment also militated against development efforts. Despite these problems, the government had no explicit population policy. Rather,the prevailing official attitude during the 1970s was that the population should reach at least 10 million before any concern should be expressed about slowing down its growth rate. Indeed based on the results of the 5th monitoring report of the UN (1987) to which Cameroun responded, although the government perceived its population growth rate as high and its fertility level as satis factory, it had no explicit policy to contain both traits. Even at INQ6 ,the situation had not changed.

17. This official pro-natalist attitude was reflected in various incentives given by the government to large families thrcugh marriage laws as well as family and leave allowances. Additionally, although the use of contraceptives was then illegal, a small family planning clinic was operat[illegible] in the public sector simultaneous with the sale of contraceptives in private pharmacies. Against the strong background of Islam and Catholicism, these pro-natalist traits implied that the chances of any major change in the official stance on contraception seemed remote at the time. Accordingly,on

government request, UNFPA undertook a mission in 1979 to assess the needs and priorities for population assistance. The mission identified 6 main priority areas that required assistance viz (UNFPA, September,1980) :

- the reactivation of the National population Commission (NPC);

- the need to complement the census (1976) data by a spectrum of post-census surveys;

- the need to create a Population Planning Unit (PPU);

- the need to (a) give priority to a management study of the programmes in Ministry of Health (MOH) to ensure that the latter are in line with the principles of development planning ; (b) assist the Ministry of education (MOE) to include in the curriculum the teaching of subjects like population dynamics,migration ;rural exodus; and, (c) assist the Ministry of Youths and Sports in reactivating the campaign on functional and selective literacy;

- the establishment of a Unit for Social Statistics in the Ministry of Social [illegible] assess the problems faced by women; and,

- the creation of a centrally located communications Unit to help meet all requirements of communication support to population programmes.

18. In the light of these needs and the subsequent progamming mission, UNFPA in addition to the 1976 census, funded (i) assistance in improving MCH services project; (ii) review and compilation of population related laws project; (iii) family welfare education for members of cooperatives project; and, (iv) family health progamme project; Besides UNFPA, Cameroun also received major population related assistance from (i) FAO/UNDP on consequences of urban development on nutrition; (ii) a five-year programme (1981-86) funded by France and Italy to provide health personnel and volunteers for health education; and, (iii) Canadian/American assistance in rural well construction/water and sanitation education programmes.

19. The first UNFPA country programme for Cameroun was characterized by three main activities :

- identification of an orientation for population policy;

- the creation of needed organizational structure for policy development; and,

- population - development interrelationship studies.

A PPU was established in the Ministry of Planning and Territorial Management as the technical secretariat of the National Commission on Population and prerequisite for institutionalizing the formulation and implementation of a population policy. Sectoral research on population and development was undertaken by the PPU in collaboration with different Ministries; and, a national seminar was organized (September, 1985). Two other UNFPA funded projects that were implemented during the 1984-87 period - a national seminar in 1984 and a population education project for responsible parenthood and family welfare in 1985.

20. Following the reactivation of the NPC , the government defined its priorities for population assistance within its sixth 5-year development plan. On this basis, the second UNFPA country programme (1987-90) incorporates projects in the six main areas of (i) MCH/FP; (ii) IEC; (iii) basic data collection and analysis; (iv) population policy formulation; (v) women and development; and, (vi) monitoring and evaluation. In the course of the current programme, the PPU will constitute an Inter-disciplinary Group comprising six Task Forces in the areas of (i) population and development; (ii) health/ mortality/ nutrition; (iii) employment/ economic activity/ natural resources; (iv) education and youth; (v) urbanization/ migration/ housing. Based on the analysis of the reports from these task forces, the country's population profile will be prepared alongside with its implications for development. Deriving from these implications, the goals, objectives and targets of a draft population policy will be prepared.

21. It is thus clear that Cameroun has come a long way from being pronatalist to being anti-natalist at least following the adoption of the KPA in 1984. The CNPPs as reflected by the two UNFPA country programmes do not cover all the nine areas of the KPA recommendations (eg. urbanization and migration; spatial distribution; children and youth; and, community involvement) presumably because the identified population problems to date do not as yet impinch on these other areas.

IV. THE CASE OF GHANA

22. In 1969 Ghana became the third subsaharan African country after Mauritius (1958) and Kenya (1965) to promulgate a population policy. The policy was aimed primarily at reducing the country's rate of natural increase thereby stimulating the growth of per capita income directly through the creation of a family planning programme; and, indirectly through such schemes as education; manpower development/employ ment; health; population redistribution; decentralization; food and nutrition; laws/regulations affecting fertility; etc. However, twenty years after, the policy objectives are yet to be achieved. The annual population growth rate only

declined from 3.0% to 2.1% during the 1969-84 period as against a policy target rate of 1.7% by the turn of the century.

23. Several factors had been identified as accounting for the rather modest impact of the policy. Although all the governments, since the promulgation of the policy, had accepted its tenets, none of them had the adequate politi commitment needed for successful implementation and none also incorporated population variables into the national development plans. The lack of adequate knowledge about population issues simultaneous with the non appreciation of the consequences of rapid population growth among the country's policy makers, planners and the general public also hindered policy implementation. Other con include poor institutional coordination (the limited number of trained personnel, insufficient institutional support and inadequate government funding) ; the fact that delivery of almost all family planning services depended on an already over-burdened health system; the concentration of the programme services in urban areas; the concentration on adult women to the exclusion of men and adolescents; the non incorporation of local communities and specia groups in programme implementation; and, inadequate research/evaluation.

24. Perhaps the most important constraint was the undue emphasis in the policy on family planning at the expense of the indicated non-family planning programmes. The decade was that of family planning and accordingly, funding was available. The apparent institutionalization of the family planning programme together with the destibilization of national manpower planning programme largely explain the poor impact of the policy. Two ministries (Finance and Economic Planning) used to coordinate manpower planning. But following the disintegration of the two and the deployment of staff to solve other ad hoc problems , the result was that there had been no development plan since the one covering the period 1975/76-1979/80; the negative impact of the policy implementation is readily obvious.

24. Over the years concern has been growing about the low impact of the policy. In 1984 the UNFPA undertook a population needs assesment mission to the country and subsequently set up an office in 1985 to coordinate the various population programmes. Since then many activities aimed at revitalizing the policy implementation have been undertaken. Among these is the provision of family planning services within the nation-wide PHC programme. The social marketing programme advertizes and delivers contraceptives and oral rehydration salts through a country-wide network. The NGOs have also intensified the provision of family planning services. In the area of IEC, a project funded by USAID aims at increasing family planning awareness in the country. In April 1986 a national conference on population and national reconstruction was held; it

focussed attention on the population policy. The Population Impact Project (PIP) was subsequently established at the University of Ghana as an outreach programme to maintain and accelerate the interest and momentum created by the conference.

25. In reviewing the 20 years experience of implementing the policy, Benneh and others (1989) have suggested 8 actions for achieving the objectives of the policy. Among these are the expansion of the policy focuss beyond family planning; increasing government awareness at all levels; identifying institutions responsible for policy implementation; providing more trained personnel; increasing accessibility of contraceptives; educating the public about implications of rapid population growth; addressing related socio-economic problems and, incresing research and data collection. Consistent with these and other considera- tions, the UNFPA, beginning in 1988 has to date funded a total of eight projects within the framework of the country's CNPP. These include (i) assistance to Ghanaian National Council on women and development (GNCWD) - to enhance, support (ii) assistance to population and family life IEC activities - (iii) strengthening population policy and its implementation; iv) use of population variables in modifying agricultural production targets and policy decisions; (v) strengthening national MCH/FP; (vi) introducing population communications in Ghana Institute of Journalism ; (vii) strengthenning the capacity of the 31st December Women Movement for population education communication and incom generating activities; and, (viii) streghtening the capacity for demographic analysis and dissemination of demographic data.

26. The most recent effort at revitalizing the policy implementation is the national population conference held in June 1989 to critically examine the achievements and short comings of the policy implementation and make concrete suggestions for the future. The conference adopted two sets of recommendations. In general, it was agreed that (i) there must be increased and sustained commitment at the highest levels of government to both the tenets and implementation of the policy; (ii) the policy should be placed at the core of all development planning activities; (iii) adequate financial resources should be provided by government for implementing the policy strategies; (iv) government should adopt legislative,administrative and organizational policies to assist the implementation of the policy; (v) legislative,administrative and organizational arrangements should be established to address such problem areas as deforestation,soil erosion and desertification. Additionally, there were specific recommendations in such areas as policy implementation; MCH/FP; non-family planning components; gender issue; data collection/monitoring/ research/evaluation; IEC; and, population and law.

27. A national planning commission is to be established with five divisions. One of these would be the Social Policy Division to ensure comprehensive planning of the social sector and the much needed intersectoral linkages for the provision of guidelines for effective integration of population variables in the country's development planning at the macro/sectoral/regional levels. The plan is to enact a national planning commission law to ensure that all planning be guided by the law.

V. THE CASE OF SWAZILAND

28. Despite the apparent considerable experience with development planning, population has not been explicitly considered as an endogenous variable in the country's development process. A chapter on health was included in the fourth development plan to provide services that contribute towards an increase in child spacing and a moderation in the rate of population growth. However, a number of population-responsive programmes have been promoted which indicate increased government awareness of and concern about the relevance of population factors in the country's development planning process. Such programmes focussed on rural development to reduce rural urban migration; expansion of educational opportunities; and, promotion of labour intensive projects to offer employment to school leavers.

29. In 1980, the UNFPA undertook a mission to identify needs and priority areas for population assistance. At the time, there was accute shortage of nationals with adequate skills to collect, process, analyse and utilize demographic data in the planning process. Accordingly, the main thrust of the mission's recommendations was the need to strenghthen the country's institutional base for implementing its population programmes. In this context, the Demographic and Social Statistics Unit in the CSO needed to be strenghthened; the Central Statistical Office(CSO) University of Swaziland (UNS) needed to organize regular in-service training programmes for statistical staff; and, a Demographic Training and Research Center needed to be established at the UNS. Other recommendations included (i) the creation of awareness among government officials of the population -development interrelationships; (ii) the continuation of assistance to the family planning programme; (iii) the promotion of IEC; and, (iv) efforts at enhancing the status and role of Swazi women. In the specific area of facilitating an integrated approach to development planning, the mission recommended the revitalization of the rural development committee ; expanding the scope of the Interministerial Committee for rural development; and, establishment of the NPC within the Prime Minister's Office to coordinate planning and programme implementation in various ministries.

30. Subsequent to the mission, UNFPA's assistance included reorganizing/expanding a nation-wide civil registration/vital statistics system; conducting (and analysing) the 1986 census; establishing demographic training within the national university; undertaking a study on law and population; promoting family life IEC Services; strengthening the national MCH/FP programme;and; initiating a project on women/population/development. The civil registration/vital statistics system project was aimed at obtaining the vital data required for estimating the country's population growth rate simultaneous with updating demographic and other socio-economic data for use in development planning. The objective of the census project was to provide up-to-date demographic and related socio-economic data for use in integrating population in development planning. The training project at the University was aimed, inter alia, at improving the manpower requirement for population policy development. The law project was to enhance awareness of the relationship between local laws and population policies/ programmes. Equally the IEC project was to enhance national awareness of the inter-relationship of family size, child spacing and family/community welfare. The latter project Concerning the MCH/FP project, the aim was to improve delivery of MCH/FP services as part of the national health care system. Besides UNFPA, assistance in the area of population was also provided to the government on an ad hoc basis by several donor agencies including the IPPF, UNICEF, USAID and WHO. The UNICEF's project focussed on expanded immunization, diarrhoeal disease control, nutrition/growth monitoring, etc; the USAID projects included a PHC Survey; control of water-borne/ childhood communicable diseases; and supply of contraceptives. The WHO projects provided grants and technical expertize to support health planning exercises, research on population related subjects, training in public health and family planning, etc.

31. All these and other projects have failed to foster population policy development in the country largely due to the Swazi laws and customs; the size-able dominance of Catholics within the christian community; and the feeling that it is no use formulating an explicit policy that may not be implemented due to these other considerations. From the discussions with various policy makers and planners, it would appear that the apparent skepticism about prospects for developing a population policy for the country represents the more traditional stance within the government structure. The more modern position which is quite optimistic contends that there exist a general government commitment at the highest level to formulate and implement a population policy to contain the very high rapid population growth rate. This view is predicated on the successful completion of two workshops earlier in 1989 for Parliamentarians and Principal Secretaries respectively purtorting to sensitize these cadre of policy makers

about population development interelationship. Specically, the workshop for Parliamentarians (19-22 June,1988) was aimed at providing information to members of Parliament on the effects of rapid population growth on national development and thus to (i) enable the legislators make informed decisions; and, (ii) form a Parliamentary Committee to deal with issues on population and development. The Symposium for the Principal Secretaries , besides sensitizing this cadre of government officials about the impact of the rapid population growth rate so that urgent steps can be taken towards a solution, was also aimed at enabling them to discuss the Declaration and Resolutions that were made by the MPs for implementation.

32. Indeed the Ministry of Health had in the course of 1988 and 1989 conducted a Family Health Survey to meet the needs expressed by the PHC project for statistically valid assessment of the general reproductive and MCH conditions of families in the country. The Survey provided information on (i) fertility and infant-child mortality; (ii) MCH/FP; (iii) communicable diseases; (iv) behaviour and risks (v) attitudes towards reproduction; and (vi) health service utilization. The results generally confirmed the findings from the 1986 population census. To a large extent, therefore, there exist reasonable data/information needed for the formulation of a population policy. Additionally, the envisaged 10 year prospective plan will accord priority to education, basic health services and agriculture. The government has adopted a PHC approach as the major health strategy and has emphasized health education programme to inform and educate the public on how to achieve better health and the availability of health services.

33. Given these and other considerations, the UNFPA's first country (1988-91) programme would seek to enhance the capacity of the Department of Economic Planning and Statistics, as the central coordinating office of the government, to coordinate the activities of the various projects in order to highlight the multi-sectoral nature of population and enable optimum utlization of available resources. The planned projects of the the country's first CNPP include (i) strengthening of national MCH/FP services; (ii) family life IEC services in the non-formal sector; (iii) in-depth analysis of census and civil registration data; (iv) training in demography; (v) integration of population factors into national planning (vi) women, population and development; and, (vii) monitoring, evaluation and management. The choice of these projects derives from lessons learnt from previous UNFPA supported projects findings of technical backstopping and evaluation missions; recommendations of a 1980 basic needs assessment report; the proposed programmes of other donor agencies; and, the UNFPA current strategy for sub Saharan Africa.

VI. THE CASE OF UGANDA

34. All the development plans in Uganda during the 1970s emphasized an improvement in health and living standards as well as the achievement of an egalitarian income distribution. But the political instability of the period coupled with a war during 1979-80 hindered the realization of these objectives. The UNFPA undertook a needs assessment mission in 1980. However, the destruction of government infrastructure by the war also hindered the capacity of the mission to define needs in all fields. Accordingly, in 1982 a second mission was undertaken to update the findings of the earlier mission. Together both missions recommended (i) the establishment of a Population and development Council within the Ministry of Planning and Economic Development (MPED) to oversee and coordinate the sectoral formulation and implementation of population and development policies; (ii) regular/periodic censuses/surveys/continuos vital registration with appropriate technical base for analysis, interpretation and dissemination of data for planning purposes; (iii) the coordination of sectoral research by the joint efforts of the MPED and the National Research Council (NRC) ; (iv) the creation of a national health planning council within the MOH jointly by the MOH, Makerere University and External aid agencies; (v) the establishment of a comprehensive IEC system; and, (vi) research on women's contribution and factors that hinder/promote women's role in development.

35. Despite these two needs assessment missions it was not possible to develop projects that could be constituted into a CNPP for Uganda until about 1986. A total of 10 projects have since then been developed. These include (i) the 1990 population and housing Census Project; (ii) Development of popalation reserach and training programme at Makerere Univeristy; (iii) District MCH/FP service delivery programme; (iv) Population policy and development planning; (v) Integrated district population programme; (vi) Population and family life education; in Ugandan formal education system; (vii) Integration of family life education, education and communication services into mass media programmes; (viii) Integration of population education in the Department of agricultural extension; (ix) Integration of population education in women's community action programmes; and, (x) Population and family welfare education for workers. 36. Of the 10 projects, only four (ie. (i), (ii), (iv) and (v)) have a national coverage; the remaining six are designed to cover the 4 selected pilot districts. When fully implemented, these projects would constitute the CNPP for would strenghthen the government's capability with development planning. However, there are a few problems. Virtually all the project documents were prepared during the 1986-87 period when the security situation in the country was such that all the needed information for preparing realistic and operationally feasible projects were in most cases not available. By

implication the project documents neither reflected existing conditions accurately nor anticipated any possible changing financial requirements. Besides the implementation of the planned activities for most of the projects has lagged behind by as much as 12 to 15 months due partly to the late arrival of the advisors; the scarcity and non appointment of national counterparts; the lack of office accomodation; and, governments inability to provide its counterpart funding, to mention a few.

VII. THE CASE OF ZAMBIA

37. Based on the five published UN monitoring reports (1977- 1987), Zambia has all along perceived as generally satisfactory, its population growth rate, fertility, immigration and emigration levels. The spatial distribution of its population was however all along perceived as inappropriate and requiring major changes (UNECA, 1989). Indeed the governments position on population was for many years pro- natal. During the first decade of independence (1964-74), planning was promoted primarily to improve the health status of mothers and their children. After 1975, a more neutral position to population emerged. In the course of the second decade (1975-85), it became obvious to the government that population factors were constraining the realization of its socio-economic development objectives.

38. The government established an MCH/FP unit in the Ministry of Health in 1969; in 1978, it adopted a strategy for the development of PHC in order to achieve the goal of health for all by the year 2000. Under the MCH/FP project, the government trained about 800 nurses/midwives and health staff in programme equiped about 600 health units; and, supplied various contraceptives. One of the impacts of these activities was an increase in the acceptance rate of family planning from three to eight per cent over the 8 year period (1979-87); another was the enhancement of local knowledge and skills in MCH/FP service delivery/management. However, overall project performance remained inadequate at the end of the project due primarily to poor management of programme; weak family planning IEC activities; lack of logistical support; and, poor baseline data on service delivery.

39. During its first population programme of assistance (1979-82), the UNFPA supported the governments national health programme. This was expanded to incorporate the first country programme (1984-87) which enabled the government to (i) establish a family health unit in the Ministry of Health and integrate MCH/FP services into the normal health care delivery system; (ii) introduce comprehensive population and family life IEC programmes into both formal and non-formal sectors; (iii) conduct in-depth analysis of the 1980 population

census data and disseminate the results; (iv) develop a national capability in the planning and coordination of population programmes; and, (v) introduce a demographic training programme in the University of Zambia.

40. The objective of integration of population education into courses of the Presidents citizenship college remains unfulfilled. The major weaknesses of the project are the absence of training and educational materials; the inadequate provision of staff resources; and, the inability to respond to the evident demand for family planning services at factory level. The objective of the project regarding analysis of the 1980 census data was to complete processing activities and analyze the data from the 1980 national population census. In-depth analytical reports were published and used to develop analyses of the impact of levels and trends of population variables on the Zambian economy; the dissemination of the results has enhanced public awareness of population issues. It has also generated related socio-economic data which can be used in sectoral and national planning. The project on demographic training was developed in order to create a national cadre with expertize in demography and related fields at various levels and lead ultimately to the establishment of Department of Demography and Statistics at the UNZA to cater for national needs in demographic statistical training and research.

41. The population and development planning project was aimed at creating awareness and assisting the government in its efforts to integrate population into national development planning. The PDPU was established in 1985 as a Unit in the human resources planning department. Its activities were to be executed through the National Commission for Development Planning (NCDP) and the Technical Committee on Population (ITCP). The PDPU was to (i) coordinate and monitor population policy implementation and related activities in sectoral ministries, institutions and the proposed provincial district population councils, (ii) foster closer linkage between NCDP, sectoral ministries and the CSO in integrating population and related human resource issues into the national development planning and plan implementation processes; (iii) promote and organize awareness creation and training activities; (iv) stimulate and coordinate research on population and human resources issues; and, (v) serve as the secretariat of the National Population Council.

42. The objectives of the project on family life education included (i) incorporating educational programmes and family planning services into existing workplaces and occupational/medical services ; and, (ii) gaining active involvement of the employers and the unions which allows for effective communication channels to circulate population/family welfare messages. According to Valdivia and Friedman (1986), the project achieved the

goal of enhancing awareness of the impact of family life behaviour on members' socio-economic status. The main progress achieved results from the visibility of the programme among crucial policy-making sectors in Zambia (the government; the trade unions; the employers; and, the party). This led to the process of population policy formulation which was launched on 17th May 1989. The first country programme has thus helped to establish the institutional framework for the country's population policy formulation and implementation.

43. A draft population policy was prepared in 1985 but due to the tedium of the process followed, the policy was only launched by the Head of State in his address to the National Conference on Zambian population policy on 17th May, 1989. Many national seminars/conferences were organized for the Party and religious leaders as well as National and Provincial Council members and others in order to establish a concensus on the country's population concerns and their interrelationships with socio-economic development. The overall goal of the policy is to accelerate the national development e and impreove the standard of living for all Zambians. The specific objectives are to initiate, improve and sustain measures to reduce the high population growth rate; enhance the health/welfare among high risk mothers/children; achieve a more even distribution of the population; maintain/expand the population data base; and, promote fundamental human right simultaneous with providing IEC on number/spacing of children.

44. Regarding the institutional framework for implementing the policy, there already exist (i) the Population development and planning unit (PDPU) located at the National Commission for Population and Development (NCPD); the Family welfare education unit (FWEU); in school population education unit; population communication unit; family health unit; Planned Parenthood Association of Zambia, Fam,ily life movement. Additionally, provision has been made within the fourth national development plan (1989-93) to establish two units relating to the integration of population education in the women's unit at the NCPD and the Ministry of Agriculture and Cooperatives respectively. The Bank of Credit and Commerce International Foundation for new and emerging sciences and technologies has established a population resource center for mobilization of resources to facilitate the implementation of the various population programmes and activities. A population council is also to be established to advise government and coordinate the various population activities. With these developments, the government has deliberately and systematically integrated population factors in its national development planning.

45. The second UNFPA country programme for Zambia (1988 - 92) was developed in cognizance of (i) lessons

learnt from the first country programme; (ii) the governments' then proposed national population policy; (iii) the interim national development plan (July 1987 - Dec. 1988); (iv) all the recommendations of the 1981 basic needs assessment report as well as the UNFPA programme development mission and UNFPA technical evaluation mission (both in 1986); (v) the proposed programmes of other Donor Agencies (eg. UNDP, UNICEF, and USAID); and, (vi) the UNFPA new strategy of assistance to sub-Saharan Africa. Overall, the objectives of the second country programme are to consolidate the achievements made under the first country programme and to firmly integrate population concerns into the national planning machinery and attain self-sufficiency in the design, implementation and coordination of the national population policy and programme. The programme was also aimed at giving continued support to ongoing projects and process on the development of human resources; improving the country's institutional support system; and, strengthening inter- sectoral coordination. There was however a modification of emphasis relative to the first programme. The main thrust of the second programme was on the MCH/FP (36%) followed by population IEC (21 %); basic data collection (14 %); formulation and evaluation of the population policy and programme (11%); women, population and development (9%); population dynamics (7%); and, programme reserve (2%).

46. In appraising the Zambian CNPP, two observations are pertinent. First, of all the 9 major areas of the KPA, the programme places emphasis on population and development; fertility and family planning; mortality and morbidity; changing role of women in the development process; data collection, training and research; and population information. Three areas (children and youth; urbanization; and, involvement) are not explicitly addressed by the programme. However and implicitly, during the Third Development plan launched in 1979, the government undertook the promotion of regional growth centers to reduce the rural to urban migration trends and to involve local people in social and economic planning/ implementation to strengthen the then existing rural settlement schemes. Secondly, by emphasing the integration of a family planning programme within its socio-economic development planning process, the Zambian population programme definitely has a built-in potential to address the country's problems of poverty, unemployement and income inequality.

VIII. AN OVERVIEW AND SYNTHESIS

47. A summary of the regional situation regarding population policy development as well as the constituents of a CNPP in 5 ECA member states were presented in the preceding sections. Two of these five states - Ghana and Zambia have a national population policy with a formal policy document containing some versions of their population profiles and their implications; the policy

goals, objectives and targets; the policy measures/strategies; institutional framework for their implementation; and, some provisions for monitoring, co-ordinating and evaluating the implementation process. Despite variations, the general indication is that a Population Planning Unit (PPU) is usually set up within the national Ministry of Planning and charged with the task of co-ordinating the process of formulating the policy. The PPU then constitutes task forces to analyse the available demographic data, compose the population profile and compile the policy goals, objectives, targets, measures etc. The policy draft is then subjected to extensive debate all over the country to ensure acceptability before being formally promulgated by the Head of State. The PPU should, among other things, provide the Sectoral Ministries with the 'know-how' for integrating population factors in the analysis of their sector problems per planning cycle. The development objectives of the sector should derive from the identified problem areas. The policies and programmes should be formulated in pursuance of the objectives. Operationally, the PPU should liase with the appropriate unit in the planning machinery responsible for coordinating the sectoral objectives/policies to ensure effective integration.

48. These steps can also be used with modifications as guide for the other Member States that are yet to formulate their population policy. The fact of formulating the policy within the framework of the development plan does not however necessarily imply that the principles outlined in the " Guidelines for integrating population for planning " as presented to ISD.5 were strictly adhered to. There will always be deviations. Nonetheless, the 1980-90 decade can be regarded as one during which the 'know-how' for population policy formulation was fully well placed under control within most member states in the region. In terms of pertinent, recent and/or available documentation at the regional level, there are (i) the proceedings of the Regional Workshop on demographic estimates and projections held at Addis Ababa, May 1988, ECA), volumes I and II ; (ii) 'Guidelines for integrating population variables in the development plans of ECA member states' presented to PSD.5 in March,1988; (iii) the status and prospects of population policies in ECA member states' published in African population studies Series No. 10 (December, 1989); and, (iv) the series of these monitoring reports of the implementation of the KPA recommendations. This report urges member states that are yet to formulate their population policies to use the principles in these documents as a 'modus operandi'.

49. With respect to the implementation of the policy strategies, none of the two member states (visited) with an explicit population policy (ie. Ghana and Zambia) has clearly worked out the modalities for the implementation in accordance with the 'Guidelines'. It is suggested in the

said 'Guidelines' that a starting point in such modalities should be the establishment of a multi-sectoral committee for the implementation of the policy strategies. The latter should then constitute a task force per policy strategy to review the state of knowledge in the country per such area; identify the problems that might have constrained the realization of the objectives of past projects per strategy area; and, spell out an operational action plan, with a budget, for implementing the suggested measures. The reports of the various task forces should constitute background papers to be discussed at an 'Action Plan Workshop' for implementing the policy strategies. Following the workshop, the revised version of the background documents should be used to derive a strategy for implementing the policy. This is part of the "modus operandi" proposed by the present report for fostering the process of population policy development in the region. Needed documentation on the implementation aspects of population policy development in the region (comparable to the formulation aspect) is yet to be compiled.

50. In terms of achievements, two sets of long term objectives have so far been identified concerning population policy development efforts in the region - formulation/ implementation of population policy and institutionalization of the PPU. The first of these, a function of political will, has been largely achieved in Nigeria, Rwanda and Cameroun. The allocation of a chapter in the development plan to population, though indicative of progress relative to the 1960-70 decade, is not full-fledged integration. Cameroun is a real evidence of integration where population variables were taken into account in a number of sectors (employment, education and housing) in the national plan. Another indication of achievement is the considerable degree of success in promoting awareness and contributing to the national population debate (ex. Cameroun, Mali, Nigeria, Rwanda and Sierra Leone). Constraints to further success in this regard include inadequate data, insufficient methodologies, lack of adequate national counterpart staffing, shortcomings in technical backstopping and the current economic crisis in the region. Efforts should be directed by both the member states and the international community at minimising and/or eliminating these constraints in order to consolidate the gains made to date in population policy development in the region.

51. Beyond these considerations, the outline of the comprehensive national population programmes (CNPP) for the 5 member states have indicated specific projects that are funded by UNFPA. Although these projects can be subsumed under some of the nine areas of the KIA recommendations, two issues emerge that are pertinent in terms of the future development of population policies in the region. First, it is important that the development of the national projects is not 'institutionalized. Rather, the projects should be developed within the

framework of the CNPP. As stressed above the latter should be developed within the framework of the Guidelines for integrating population in the planning process. Secondly, and related to the first, since the projects mostly contain a technical assistance component, there is a need for each member state to define a norm for such assistance in order to ensure effective utilization of such aid. The existing situation in many of the states whereby the various technical assistance is not co-ordinated has a built-in potential for duplication of effort, time and resources and could be counter productive.

52. Both of these issues are particularly relevant in this context because the components of the CNPPs in these states or simply the actual or proposed measures/strategies for implementing the population policy tend to focus on family planning and fertility regulation, MCH, IEC, women and development; rural development; and, data collection/training/research. The review of the CNPP in the five member states has revealed that the other areas emphasized in the KPA namely children and youth and community involvement have not been equally highlighted. This assumes that rural development programmes are intended to address spatial distribution, migration and urbanization aspects of the population programme. But often, as this report has also revealed, even the aspects emphasized in the CNPPs, do not receive as much emphasis as the family planning component. The point being stressed here is that much as family planning programme, when combined with socio economic development programmes is consistent with existing conventional wisdom in terms of providing a panacea for addressing the problem of poverty, unemployment and inequality, the non family planning components of the CNPP should be implemented as a multi-dimensional and an integral part of the national population policy. This implies that they should be developed within a co-ordinated and systematic framework of inter-sectoral programming which should cover, among others, education, rural development, housing, manpower, health, employment/income generation, migration, agriculture, nutrition, concerns of the environment, the aged, the role of women in development and the problems posed by the deadly disease AIDS.

53. In particular, as recommended by the National Population Conference held in Ghana in June, 1989, the CNPP should promote family life education with emphasis on population dynamics. Equally, functional literacy should be vigorously pursued within the framework of the health care and family planning programmes. There is also a need for the CNPP to incorporate a national housing policy to respond both to the increasing housing demand and the spatial aspects of population distribution. A comprehensive manpower survey should be undertaken periodically to take stock of existing manpower needs and shortfalls in the formal and non-formal sectors within a decentralized planning framework. The policy of

integrated rural development should be supported with adequate financial resources. The CNPP should incorporate a National Food Security Plan formulated and promulgated on a scientific basis to ensure continuous and adequate food supply for the people. To the extent that law plays an important role in the formulation and implementation of population policies, the CNPP should also provide for constant review and amendment of the laws on such aspects like education act, abortion law, workmen's compensation law, etc. so as to reflect current changes in the socio-economic, cultural and demographic structures of the states.

54. Overall, this report has indicated that the various member states in the region are at varying stages of popula tion policy development. It is also clear that a major strategy in the CNPPs of these states is the MCH/FP programmes; and, UNFPA has provided the bulk of funding for both of these activities. It is pertinent at this point to examine some of the lessons from an evaluation of both programmes (ie. population policy development and MCH/FP) in order to provide some additional 'modus operandi' for those member states at much earlier stages in their population policy development.

55. Concerning the MCH/FP programme, four projects executed by WHO in Botswana, Malawi, Swaziland and Zambia were evaluated during the 1981-84 period (ie. before the adoption of the KPA) in Southern Africa by UNFPA. Many more such projects have been evaluated since the adoption of the KPA. According to UNFPA (Dec. 1984), the operational problems identified in the four projects have been found in similar projects within the region. The evaluation of the four MCH/FP projects focussed on five of such problems including (i) training of medical personnel in family planning; (ii) management/administration ; (iii) research and evaluation; (iv) project monitoring; and, (v) WHO execution. In each of the four projects recommend ations have been made. Some of these recommendations are highlighted here as a guide to future programming of MCH/FP projects in the region.

56. On training, since the main MCH/FP service provider is the Nurse/Midwife, it has been recommended that national institutions, UNFPA and other donor agencies should establish a Master of Public Health level course with family planning and management specializations. In particular,family planning should be incorporated into both pre and in-service training curricula of all medical personnel. Supervision and supply/distribution of contraceptives are important components in the management/administration of family planning programmes. In the area of supervision, some of the identified problems include lack of trained staff, limited transport, and unclear definitions of the supervisory function. Accordingly, it has been recommended that regional/subregional workshops should be organized to

strenghthen national capacity in such supervision and management. A supervisor's manual based on national experiences within the region should be produced. Among the administrative problems also identified are bottlenecks in determining contraceptive requirements, ordering/delivering and storage/distribution of contraceptives. In this regard, it is recommended that advisory services (international) should assist the MOH in planning for contraceptive needs and establishing the logistical systems required for the ordering, storage and distribution of contraceptives to the service delivery points.

57. Limited attention is often paid in MCH/FP projects to the socio-cultural setting of the target populations; evaluation research aspects have also been noticed as deficient due in part to inadequacy of existing service statistics, underutilization of reliable data, lack of tech nical assistance, to mention a few. In order to provide the MOH with options for improving project performance, it has been recommended that existing data should be analysed and operational research undertaken on programme acceptability, family planning methods, service delivery strategies and supervision/supply/distribution of essential commodities for the MCH/FP projects. The findings of such socio-cultural research should be used in developing strategies for family planning service delivery for various target groups and the development of IEC strategies.

58. Regarding population policy development in the region, the projects have been largely executed by ILO and DTCD. Often, these projects involve the establishment of a PPU within the Ministry of Planning or Health to integrate population factors in development planning. Available evidence from the UN population inquiries to date indicates that about 60 % of the ECA member states have set up such units. About nine of these projects (Cameroun, Ethiopia,Mali, Nigeria, Rwanda, Senegal, Sierra Leone, Switzerland and Zimbabwe) were evaluated by ILO in January-February, 1988 with respect to the population and development issues which they seek to address namely needs assessment; project design and strategies; institutional framework; knowledge base; methodologies and practices of integration; achievements; role of agencies; monitoring-evaluation; and, role of women (Lucas et al, 1988).

59. With respect to basic needs assessment exercise, the evaluation noted that the population development field had not been adequately treated. If integration of population factors into planning is to be successful in the region, it must address the critical population development interrela tionships that are of concern to governments of the ECA member states. These include population and food production; population and health; population and settlement patterns; population and education; population and environment;

population and energy; population , labour force and employment/poverty; and, population and women. There is, therefore ,the need to restructure UNFPA's format of basic needs assessment missions.

60. On project design/strategies, the evaluation noted that in the Project documents (PRODOCs), the formulation of projects was rather ambitious and unrealistic while inadequate provisions were made for implementation. Equally, the PRODUCs neither considered the link between programmed tasks and existing institutional framework nor did they adequately conceptualize the relationship between the project and the member state's main population development issues. Accordingly a pre-project phase has been suggested during which time the PPU is expected to be permanently integrated within the national administra tive structure (in terms of appointing permanent staff and providing suitable institutional framework) ; this should be the short term objective of the project. The institutional location of the PPU, its insertion into the governmental structure, the prestige/authority of those in charge of population policy and adequate staffing should provide indications of government corricern to a genuine population policy during this phase.

61. In this context, this report has also revealed that the National Population Commissions set up in some of the member states, rather than perform the role of coordinating the integration process at the macro/sectoral levels of planning, invariably introduce additional bureaucratic constraints that tend to militate against effective integration of population factors in planning. To and as implicit in the 'Guidelines', for effective integration, the NPC should serve as the linchpin for coordinating population policy development. Ideally, the NPC should be a high level political body chaired by a senior member of the Cabinet and should have a genuine political mandate to set policy guidelines which would have concrete impact on operational population programmes. Its activities should be backed up at the technical and administrative levels by the PPU: it should report, at least once a year, on the state of the country's population. Specifically, it should provide a forum where matters on population management for the nation can be discussed and joint decisions taken on programme activity regarding overall guidance, consistency, coordination, monitoring, evaluation and implementation of the population policy. Where these parameters are well taken care of, the PPU's role then should be to provide technical, analytical and research expertize in support of population policy formulation and integration of population variables into development planning. In this context, the cases of Mali and Rwanda are examples of reasonably well implemented projects. But if not (eg. Senegal), then project activities will be impaired.

62. On data base, the 110 evaluation under reference

has noted that recent census/survey data, when properly analysed on time are important inputs in reinforcing the knowledge base needed for population develop ment, analysis, policy formulation and integration of popula tion factors into planning. Further UNFPA support for data collection and compilation was therefore suggested by the mission. Additionally, in order to enhance an understanding of the nature, direction and intensity of the interrelationships between popu lation variables and socio-economic variables, five analytical methods have been suggested (Lucas et al, 1988). These include socio-economic demographic interaction analysis; projections; macro-economic models; sectoral planning; and micro level analysis/local level planning. Based on the experiences of Sierra Leone, Mali and Rwanda, it has been recommended that there is need for further work in the area of integration as well as UNFPA's continued support to modelling efforts.

population assistance to Cameroun, Ghana, Swaziland, Uganda and Zambia.

Valdivia,L.A. and Friedman,M., Evaluation of the UNFPA funded project on labour and family welfare education in organized sector in Zambia (UNFPA: Lusaka,Sept./Oct.,1986).